U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

U.S. Department of Labor Employment Standards Administration FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

No. 1215-0188 FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS

Form Approved Office of Management and Budget Expires: 07-31-2004

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civit penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. 3. (a) AMENDED — If this is an amended report correcting a previously For Official Use Only 1. FILE NUMBER 2. PERIOD COVERED filed report, check here: ΜO DAY YEAR (b) TERMINAL - If your organization ceased to exist and this is its 0 2 4 - 5 3 5 0 0 2 From terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY -- If this is a report for a subsidiary organization of 3 Through 0 O your union as defined in Section X of the instructions, check here: E O 8. MAILING ADDRESS First Name BRUCE Last Name LAWRENCE P.O. Box · Building and Room Number (if any) 4. AFFILIATION OR ORGANIZATION NAME Number and Street AFL-CIO UNCAPHER AVENUE 7 5 5. DESIGNATION (Local, Lodge, etc.) 6. DESIGNATION NUMBER LU 976 MARION 7. UNIT NAME (if any) State ZIP Code + 4 9. Are your organization's records kept at its mailing address? \cap H 3 3 0 No \square 4 (If "No " provide address in Item 50) 56. ADDITIONAL INFORMATION Item Number Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.) 57. PRESIDENT TREASURER SIGNED: (If other title, (If other title. see instructions.) see instructions.) Telephone Number Telephone Number

During the Reporting Period Did Your Organization: 10. Have a "subsidiary organization" as defined in Section X of the instructions?	Yes	No X	How many members did your organization have at the end of the reporting period? What is the maximum amount recoverable under your organization	7 5
trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries?		X	fidelity bond for a loss caused by any officer or employee of your organization?	\$ 5000
12. Have a political action committee (PAC) fund?		X	During the reporting period, did your organization have any changes in its constitution and bylaws (other than	Yes No
Acquire or dispose of any goods or property in any manner other than by purchase or sale?		X	rates of dues and fees) or in practice procedures listed in the instructions? (If the constitution and bylaws or	
Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?	X		practices/ procedures have changed see the instructions.)	MO YEAR
15. Discover any loss or shortage of funds or other property?		X	What is the date of your organization next regular election of officers? What are your organization's rates of the second secon	0 6 2 0 0 7
(Answer "Yes" even if there has been repayment or recovery.)			dues and fees? (Enter a minimum and maximum if n	
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor		\boxtimes	than one rate applies for any line.)	ates of Dues and Fees
organization or of an employee benefit plan?		لدے	(a) Regular Dues/Fees \$	22.00 Month (Month, Year, etc.)
expenses which, together with any payments from affiliates, totaled more than \$10,000?		X	(b) Initiation Fees \$	300.00
Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise?		X	(c) Transfer Fees \$	N/A N/A N/A
(If the answer to any of the above questions is "Yes," provide on the instructions for each item.)	details		(d) Work Permits \$	per(Month, Year, etc.)

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only - Do Not Enter Cents

FILE NUMBER: 0 2 4 - 5 3 5

	(A) Name (List all persons who held office during the reporting period even i	if	0 0-1	Allawanasa	
	they received no salary or other disbursements. Use all capital le	tters.)	Gross Salary (before taxes and	Allowances and Other	
	(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*	other deductions) (D)	Disbursements (E)	Total (F)
	LEIBERGOOD	MATT	0	0	(
1.	PRESIDENT	C			
2.	GUY	JOHN	0	0	(
۷.	VICE PRESIDENT	C			
3.	LAWRENCE	BRUCE	2 7 0 0	0	2 7 0 (
ა.	FINANCIAL SEC/TREAS	С			
4.	MAGSANALY	SHERRY	0	0	(
4.	RECORDING SECRETARY	C			
5.	BORDERS	RICK	0	0	(
ວ.	WARDEN	C			
6.	GARNOW	MIKE	0	0	(
٥.	CONDUCTOR	P	i i		
7.	CLYBORN	RONALD	0	0	(
••	TRUSTEE	С			
8.	Totals from additional pages (if any)		0	0	0
9.	Totals of Lines 1 through 8		2700	0	2700
				10. Less Deductions	0
	The Total from Line 11 in		ltem 45	11. Net Disbursements	2700
Coc	de for Status (C): past officer - P; continuing officer - C; new office	er during the rep	orting period - N. (If any your o	officer was not elected at a regular eleganization's constitution and bylaws,	lection in accordance with explain in Item 56 .)

Ent	er Amounts in Dollars On	y - Do Not Enter Ce	ents		FILE NUMBER: 0	24-535
	ASSETS Item	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES Item	Start of Reporting Period (C)	End of Reporting Period (D)
S	25. Cash	4 4 4 2	1 7 7 6	32. Accounts Payable	0	0
ATEMENT A AND LIABILITIES	26. Loans Receivable	0	0	33. Loans Payable	0	0
ATEMENT AND LIAB	27. U.S. Treasury Securities	0	0	34. Mortgages Payable	0	0
ATE	28. Investments		0	35. Other Liabilities	0	0
ST/ASSETS	29. Fixed Assets	4 3 6	1 4 5	36. TOTAL LIABILITIES	0	0
AS	30. Other Assets		0	OZ NET ACCETO		
	31. TOTAL ASSETS	4 8 7 8	1 9 2 1	37. NET ASSETS (Item 31 less Item 36)	4 8 7 8	1 9 2 1
	CASH RECEI	PTS	AMOUNT	CASH DISBURS	EMENTS	AMOUNT
	38. Dues		16954	45. To Officers(from Item 24	4)	2700
ည	39. Per Capita Tax		0	46. To Employees (less ded	uctions)	0
MEN,	40. Fees, Fines, Assessmen	ts & Work Permits	0	47. Per Capita Tax		8899
r B URSE	41. Interest & Dividends		1 4	48. Office & Administrative E	Expense	4 4 0 5
MENT	42. Sale of Investments & Fix	ced Assets	0	 49. Professional Fees 		8 4 4
TATEMENT B AND DISBURSEMENTS	43. Other Receipts		170	50. Benefits		0
လ က	44. TOTAL RECEIPTS		17138	51. Contributions, Gifts & Gr	rants	0
RECEIPT		··· -		52. Purchase of Investments	s & Fixed Assets	0
œ	If total receipts re	ported in Item 44	are \$200.000	E2 Loope Made		0

If total receipts reported in Item 44 are \$200,000 or more, your organization must file Form LM-2 instead of this form.

53. Loans Made

54. Other Disbursements

55. TOTAL DISBURSEMENTS

2956

19804

ORGANIZATION NAME: AFL-CIO	FILE NUMBER: 0 2 4 - 5 3 5
ENDING DATE OF PERIOD COVERED: 06/30/2003	

(A) Name	OFFICERS AND DISBURSEMENTS (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital let	ters.)	Gross Salary (before taxes and	Allowances and Other	
Title	(Enter title of officer, such as PRESIDENT or TREASURER.)	(C) Status *	other deductions) (D)	Disbursements (E)	Total (F)
SHAWVER		OUG	0	0	o
TRUSTEE		С			
STERLING	G HE	NRY	0	0	0
TRUSTEE		С			
· ·					
				:	
<u> </u>					
					

ORGANIZATION NAME: AFL-CIO	
ENDING DATE OF PERIOD COVERED: 06/30/2003	

FILE NUMBER: 0 2 4 - 5 3 5

56. ADDITIONAL INFORMATION (continued)

n Numbe		
14	James A. Barstow, CPA	
	6705 Lakeside Circle West	
	Worthington, Ohio 43085-2876 614-785-0104	
	614-785-0104	

Form LM-3 (Revised 2000)